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PTO/SB/21 (09-04)

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FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

2

Application Number	10/657,643
Filing Date	09/08/2003
First Named Inventor	Sheila L. Schlitter
Art Unit	3678
Examiner Name	Chuck Y. Mah
Attorney Docket Number	

ENCLOSURES (Check all that apply)

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| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature			
Printed name	Sheila L. Schlitter		
Date	04/25/2005	Reg. No.	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	<i>Sheila L. Schlitter</i>		
Typed or printed name	Sheila L. Schlitter	Date	6/13/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/81 (04-05)

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 INDICATION FORM**

Application Number	10/657,643
Filing Date	09/08/2003
First Named Inventor	Sheila Lynn Schlitter
Title	Magnetic Door Stop
Art Unit	3676
Examiner Name	Chuck Y Mah
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Stanley A. Schlitter	28,799

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.72(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Sheila Lynn Schlitter	Date	6/13/05
Name	Sheila Lynn Schlitter	Telephone	(847) 441-7257
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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